

FILED JAN 8 1958

Registration District No.

160

...Primary Registration District No

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**Registrar's No.**

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129

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FESTUS</b>		c. CITY OR TOWN <b>FESTUS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1301 Henry St.</b>		d. STREET ADDRESS <b>130 HENRY STREET</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>PAULINE</b> Middle <b>A.</b> Last <b>TODD</b>		4. DATE OF DEATH <b>12-31-57</b> Month <b>12</b> Day <b>31</b> Year <b>57</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-8-1908</b>
9. AGE (In years last birthday) <b>49</b>		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done last 12 months or of last occupation, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
11. BIRTHPLACE (City and state or country) <b>HILLSBORO, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>PETE CLERC</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>EDWARD</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>EDWARD TODD FESTUS, MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of colon</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>153X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>153X</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>March 14, 57</b> to <b>Dec 30, 57</b> and last saw her alive on <b>Dec 30, 57</b> Death occurred at <b>1:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Justin Bremer, M.D.</b> (Name or title)	
22b. ADDRESS <b>Festus, Mo.</b>		22c. DATE SIGNED <b>Jan 2, 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1-2-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>GAMEL CEMETERY</b>		23d. LOCATION (City, town, or county) <b>FESTUS, MO.</b> (State)	
24. FUNERAL DIRECTOR <b>Samuel R. Palitta Crystal City, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1-2-57</b>	
26. REGISTRAR'S SIGNATURE <b>John A. Fisher</b>			

(Licensed Embelmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

NO. 22-1000

DATE RECEIVED

5-7-1908

JEFFERSON

PLATE

130 HENRY STREET

NAME

12-31-27

TODD

PAULINE

4-8-1908

FEMALE WHITE

USA

HILLSBORO, MO.

OWN HOME

HOUSE WORK

EDWARD

UNKNOWN

PLATE OFFIC

EDWARD TODD FOSTER, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed

*Quincy C. Solitto*

Licensed Embalmer No. 3481

P. O. Address Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting

If this body is not embalmed, fact should be so stated above.